## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

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86	+	<del> </del>	+	<del> </del>	<del> </del>	-	
87	+	<del> </del>	-	+	<del> </del>	-	
88	+	+	-	-	+	+	
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95	+	+	1	+	<u> </u>	+	
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TOTAL	<del>_                                    </del>	- →		<b>→</b>		J 🚗	
DEP.		155.35 2	7	In San Ny	<del></del>	18.50	
TOTAL CLAIM	<u>s                                     </u>	2113	Ĉ.		1	No.	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FDRM **PTO-1360** (REV. 3-78) U

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